

**APPLICATION DATA SHEET****Application Information**

Application Type::	National Phase
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)::	
Number of copies of CRF::	
Title::	8-SUBSTITUTED IMIDAZOPYRIDINES
Attorney Docket Number::	26741U
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggest Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed U.S. Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Wilm  
Middle Name::  
Family Name:: BUHR  
Name Suffix::  
City of Residence:: Konstanz  
State or Province of Residence::  
Country of Residence:: DE  
Street of Mailing address:: Zum Kirchenwald 7,  
City of mailing address:: Konstanz  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 78465

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Jörg  
Middle Name::  
Family Name:: SENN-BILFINGER  
Name Suffix::  
City of Residence:: Konstanz  
State or Province of Residence::  
Country of Residence:: DE  
Street of Mailing address:: Säntisstrasse 7,  
City of mailing address:: Konstanz  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 78464

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Peter  
Middle Name:: Jan  
Family Name:: ZIMMERMANN  
Name Suffix::  
City of Residence:: Radolfzell  
State or Province of Residence::  
Country of Residence:: DE  
Street of Mailing address:: Zum Lerchental 43/1  
City of mailing address:: Radolfzell  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 78315

**Correspondence Information**

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**Representative Information**

<b>Representative Customer Number::</b>	034375
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
			04 September 2002 (02.09.2002)

**Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
EP	02025866.1	19 November 2002 (19.11.2002)	Yes

**Assignee Information**

Assignee name:: Altana Pharma AG  
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City of mailing address:: Konstanz  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 78467